



PHYSICIAN PROGRESS NOTES

Patient
Name

Martina, Marlon

I.D. #

225145

Institution

Draper

DATE

TIME

NOTES

SIGNATURE

1-16-03 See MD or CRNP's

#160 wgt, 97², P 60 R 20 BP 132/90

33 BM says he has of "No
 Cartridges in Rt Knee" Also knee
 has laxation in front to dysmen-
 infrequently

PE

Exam - Impaction around Lt ear
 tubule in Rt ear

Imp

Maybe @ Lt EAC around impaction

Plan

Imaging Lt EAC to visualize EAC & TM

DATE	TIME	NOTES	SIGNATURE
12/1/01		<p>S: I'm feeling light headed even when I take a short spacer.</p> <p>D: 130/100 80 20 97%</p> <p>Belat ear coxumen (expected) infection Remains of exam uncomfortable</p> <p>H: Kingpiners</p> <p>P: ① Debrux both ears ② CBC ③ Auginate both ears ④ CTM tabs T1 P0 BID x 5 days</p> <p>E: Educate on the importance of <u>not</u> placing objects in his ears</p> <p>A. B. G. G. G.</p>	

Health Services Request Form

Name MARLON MARTIN Date of Request 12-12-02

No. 225415 Date of Birth 12-17-70 Housing Location CHAGLIN

Nature of problem or request I AM FEELING LIGHT HEADED WHEN MY BODY HEATS
UP OR WHEN I TAKE A HOT SHOWER ② I NEED A KNEE BRACE
 ③ WAX BUILD UP

I hereby consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
 DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective Same as above. States did drugs 2-3 yrs.

Objective BP 130/100 P 80 R 20 T 99.9

Assessment States had a knee brace and they took it right
before he left county. States wax build up in ears
States feeling of fogging head when get hot.

P- See NP

by ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature R. Namag Title NP Date 12/13/02

Health Services Request Form

Release of Responsibility

Martin, Marlon
Name of Inmate

12/14/02 8:45
Date & Time

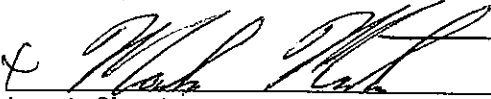
225145 12/17/70
Inmate ID Number / Date of Birth

12/14/02 8:45
Date & Time

I hereby refuse to accept the following treatment/recommendations:

Sick Call

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.


Inmate Signature

12/14/02 8:45
Date & Time

Rebecca Haney
Witness

The aforementioned inmate has refused the listed medical treatment(s) and/or recommendation(s) and has refused to sign this form.

Witness

Witness

Date & Time

Release of Responsibility

Name	Last	First	Middle Initial	AIS #
Date	Allergies			Facility
Physician Signature				Discontinue
				Continue
				Increase
				Decrease

NC002

Name	Last	First	Middle Initial	AIS #
Date	Allergies			Facility
SIG. <i>Washburn 12/17/03</i>				Discontinue
Physician Signature: <i>6/10/04</i>				Continue
				Increase
				Decrease

NC002

Name	Last	First	Middle Initial	AIS #
Date	Allergies			Facility
SIG. <i>BMP 10/13/03</i>				Discontinue
Physician Signature:				Continue
				Increase
				Decrease

NC002

Name	Last	First	Middle Initial	AIS #
Date	Allergies			Facility
SIG. <i>Chl. 25 mg po BID x 30</i>				Discontinue
Physician Signature:				Continue
				Increase
				Decrease

Print Name: Martin Martin
ID # 955145 Date of Request: 12-16-03
Date of Birth: 12-12-90 Location: S-166
Nature of problem or request: Lazzy and 1-to-headed, also unable to lift side

Martin Martin
Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/17/03
Time: 6:00 AM
Allergies: NKA

RECEIVED
Date: 12/17/03
Time: 6:00 A
Receiving Nurse Initials: [Signature]

(S)ubjective: I have cramps to my (2F) side, light headedness since January.

(O)bjective PE: RR 18, neck supple, pulses to extremities good + strong, Capillary refill ≤ 3 seconds, grips very poor as he's not squeezing my hands but able to make a fist. Ears, throat, lymphos clear. C/o sensation to extremities. Has had problem before since Aug 30, 2013. C/o spasms

(A)ssessment: No spasms noted & present.

Attention in Comfort

(P)lan: M. L. to review.

(T-100.1) P-100, R-20, BP-120
68

68
Refer to: MD/PA Mental Health Dental Daily Treatment
Check One: ROUTINE ☒ CIRCLE ONE

Check One: ROUTINE (✓) CIRCLE ONE
If Emergency was TRUE EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

Wgt 163
Return to Clinic PRN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Health Services Request Form

DCC

Print Name Marlon Martin Date of Request 8-11-03ID No. 225145 Date of Birth 12-17-70 Housing Location SCILL Bldg 165

Nature of problem or request This is the 3rd time I have written about my HAZY OFF BALANCE HEAD IT HURTS. you started looking into it and ever since I passed out in seg and HIT my head in the shower it keeps getting worse.

Marlon Martin
 Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
 DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective

Objective BP _____ P _____ R _____ T _____

Assessment

Plan

Refer to ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature _____ Title _____ Date _____

Health Services Request Form

Print Name Madison Martin Date of Request 8-28-03
 ID No. 225145 Date of Birth 12-17-70 Housing Location 4001 Wadsworth
 Nature of problem or request My back hurt still hurting. I am
having trouble walking. I am complaining about cramping muscle
in my leg. I need a muscle relaxer. Please this is the
first time I am complaining about cramping muscle

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
 DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective back stiffness up & muscle cramping left leg
I need a muscle relaxer. Injury to R leg in 2000. wt 165

Objective - BP 122/80 P 64 R 20 T 97

Pedal pulse (+). Muscle tightness R calf.
ROM to back limited. Mclaw R

Assessment

Alteration in comfort

Plan

MD to review

E: V last pill call & News letter

Refer to ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature Mclaw R Title Lpn Date 8/29/03

Health Services Request Form

Print Name Michael P. [unclear] Date of Request 8-18-03
 ID No. 225145 Date of Birth 12-17-70 Housing Location 5-ELL 88105

Nature of problem or request I having problem with locking in my knee
locking in my knee I don't know if it's a 17 or 18 year old

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
 DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective "My knees are locking up and all the muscles are tight around my knees"

Objective BP 110/74 P 76 R 20 T 98.2 Able to
 Ambulate in Sick Call no distress
 noted

Assessment Alteration in comfort

Plan M.O. to review

Refer to ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature B. P. [unclear] Title LPN Date 8/19/03

Name	Last <u>Martin</u> First <u>Martin</u> Middle Initial	AIS # <u>225145</u>
Date	<u>2/28/03</u> Allergies <u>None</u>	Facility <u>Drapers</u>
SIG.	① Diamox 125mg PO BID x 14 days ② Aprot HCU 8/12 to 3 - see 2/29/03 Draining help vertigo rx	Discontinue Continue Increase Decrease
Physician Signature: <u>[Signature]</u>		Dated 2/28/03 Dr. [Signature] 01/08/03 10 7/8

NC002

Name	Last <u>Martin</u> First <u>Martin</u> Middle Initial	AIS # <u>225145</u>
Date	<u>3-11-03</u> Allergies <u>NKA</u>	Facility <u>Drapers</u>
SIG.	Benzoyl H ₂ O ₂ 5.0 x 3.0 KOL Hydrocortisone 10.0 x 10 x 14 days	Discontinue Continue Increase Decrease
Physician Signature: <u>B. Helms</u>		3/11/03 C. [Signature] 2/24/03

NC002

Name	Last <u>Martin</u> First <u>Martin</u> Middle Initial	AIS # <u>225145</u>
Date	<u>2/25/03</u> Allergies <u>NKA</u>	Facility <u>Drapers</u>
SIG.	① Diamox 125mg PO BID x 14 days ② Aprot to HCU 14 days - vertigo	Discontinue Continue Increase Decrease
Physician Signature: <u>BB 2/27</u>		notify patient

NC002

Name	Last <u>Martin</u> First <u>Martin</u> Middle Initial	AIS # <u>225145</u>
Date	<u>2/13/03</u> Allergies <u>NKA</u>	Facility <u>Drapers</u>
SIG.	① TSH & reflex Free T ₄ ② ENT covered - referral for 2/13/03 MR	Discontinue Continue Increase Decrease
Physician Signature: <u>[Signature]</u>		1200 NKA

NC002

Health Services Request Form

Print Name Marlon Martin Date of Request 7-27-03ID No. 225K/5 Date of Birth 12-17-70 Housing Location 5 cell BldgNature of problem or request Light Headed THERE IS SOME ~~STIFF~~ PAIN
WHEN EVER TEMP GOES UP I GET LIGHT HEADED THIS IS
my 2nd complaint

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINEJUL 27 2003
Draper

Health Care Documentation

Subjective I've been lightheaded for 10 months. I passed out in SBG on 07/00/03. When I stand up, walk around, I wobble when I walk.Objective BP 120/90 P 68 R 20 T 98.3

Ch (A) side going numb @ times, PERRHA, neck supple, grips strong bilaterally. Ears has large amount of wax to ears bilaterally. Lymphs normal. Capillary refill < 3 seconds.

Assessment Alteration in comfort

Requests to M.D.

Plan M.D. to review.
E - fill call, newsletter7/28/03
(45)

wgt. 166

Refer to ☐ PA/Physician ☐ Mental Health ☐ DentalSignature Dr Austin Title lpd Date 07/28/03

Health Services Request Form



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
7/23/04	Martin Marlon	12/17/70
	To see M.N. for eval of Abnormal Knee	
	MRI.	
wt 170,	97, 75, 20, 120/12,	Blk
		Flu
9.20.04.2000	- Resting in MOU quietly c/o leg & and immobility in place & complaints void	
		Sub-Pr



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
2/29/04	S. Inmate seen today for physical C/O R knee buckling. Injury R knee 9/2000 O. AAO x 3 WMMN 2+ R Ant Drawer F ROM & crepitus 5/5 Strength NP ? ACL 1. Naproxen 375 mg TID x 14 days 2. Knee brace R knee 3. X Ray R knee. D. M. Blunt	12/17/10
5/19/04	Do HCU to see MD/PA re: Knee injection wt 155, 132/68, 97° 68 18 ————— J. Hyatt MD A denies pain c knee. Just c/o buckling & instability. No need for steroid injections. D. M. Blunt	
7-12-04 11:40am	Returned from FWA T973, P64 R18 RLP ¹²⁰ C2988 - Returned Back to camp — M. Bennett	



NAPHCARE
PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN	
9.9.03	10:5	162# 96.5-74-20 110/60 dizziness S: still dizzy O: both ear impacted A: no other P: see on exam E: discussed vertigo & ear B: discuss CANS	
9/10/03	9/12/03	Wght: 165. R: 20, P: 60, T: 97.3, BP: 110/60 ✓ ear irrigation. 32 BM C/o RT leg numbness from knee to upper 1/3 of RT leg from 2/3 around leg distal thigh RT Lt lower thigh 41 cm 41 cm mid calf 38 cm 39 cm No C/o past upper thigh or lower 2/3 leg or feet. no further pain or muscle atrophy Totally no sensory & muscular atrophy logically PT: D P 7/4 Bilateral Impairment with ear Imp Totally no hearing LE	
NAME - LAST	FIRST	MIDDLE	AMS #
Marlon	Marlon		225/45

Name	Last <u>Martin</u> First <u>Maria</u> Middle Initial	AIS # <u>225145</u>
Date	<u>1/30/03</u> Allergies <u>None</u>	Facility <u>Draper</u>
SIG.	① CBC diff, CRP ② Bactrim DS TBP BID x 10 days ③ Appt to HCU 2 weeks - vertigo Sr Physician Signature: <u>[Signature]</u> <u>1/30/03</u>	Discontinue Continue Increase Decrease

NC002

Name	Last <u>Martin</u> First <u>Maria</u> Middle Initial	AIS # <u>225145</u>
Date	<u>1/16/03</u> Allergies <u>None</u>	Facility <u>Draper</u>
SIG.	① Small use for RA free ② Antivert 25mg TID x 10 days ③ Appt to HCU 2 weeks - vertigo & dizziness later Physician Signature: <u>[Signature]</u> <u>1/16/03</u>	Discontinue Continue Increase Decrease

NC002

Name	Last <u>Martin</u> First <u>Maria</u> Middle Initial	AIS # <u>225145</u>
Date	<u>1/13/03</u> Allergies <u>None</u>	Facility <u>Draper</u>
SIG.	* Home pt for RA free Physician Signature: <u>[Signature]</u> <u>1/13/03</u>	Discontinue Continue Increase Decrease

NC002

Name	Last <u>Martin</u> First <u>Maria</u> Middle Initial	AIS # <u>225145</u>
Date	<u>2/13/02</u> Allergies <u>None</u>	Facility <u>KIT</u>
SIG.	Chiropractic both ears ① Ligate both ears ② fluidly in which to relieve ③ CBC Physician Signature: <u>[Signature]</u>	Discontinue Continue Increase Decrease

NC002



PROGRESS NOTES

SCC

225145

Date/Time	Inmate's Name:	D.O.B.:
	Martin, Mailem	1 / 1
4/26/06	<p>2.1" I'm still light headed - can't take that 0008 Baclofen - they gave the wrong medicine there I can take Flexeril. OK</p> <p>A - Sitting upon SOB, dangling feet, hands on bed rail. Hx x3. Skin w/d. Legs forward and sitting back up straight. Resp rate ease - T 98.2 PS1 R20 BP 126/80 O2 Sat 97% A - Alteration in comfort, D. Continue to monitor. <i>[Signature]</i></p>	
4/26/06	<p>Flu unit 24.6 IS/ACofen rec-tion. B PT c/o N+V + just not feeling well after taking d/c. <i>[Signature]</i> (C) Alert NAD A z unstable <i>[Signature]</i> ↓ strength in R leg. (A) Rec-tion 24.6 B baclofen z N+V (B) DIC bloc. for return to camp try flexeril <i>[Signature]</i></p>	



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Marlon Martin Date of Request: 03/28/06
 ID # 225145 Date of Birth: 12-17-70 Location: D1-32B
 Nature of problem or request: The Naprosyn you put me on
is not working. Can you please put me on
Flexaril (muscle relaxer). I took this in the
County Jail and it works. I was on it for 30 days.
please give me some muscle rub. Marlon Martin
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: <u>3/29/06</u></p> <p>Time: <u>950pm</u></p> <p>Receiving Nurse Initials <u>nr</u></p>

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

g/c
3/30/06
ABN
8:40am

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT